## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10/01/2010</u>	Address:	<u>204</u> Jo <u>hn St</u>	
Case #:	<u>51F17882</u>		Apt 2	
County:	<u>Madiso</u> n		<u>Alexandria</u>	
Type of Laboratory Seizure (check one)		Seizure Location (	Seizure Location (check all that apply)	
Chen	ational Lab nical/Glassware/Equipment (only) psite (only)	<ul><li>☑ Residence</li><li>☑ Outbuilding</li><li>☑ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check al	pund: Location (bedroom, kitchen, o I that apply) um/Ammonia Reaction(s): outside			
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: bedroom closer				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid: Kitchen				
Corrosive Base: bedroom closet				
Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		☐ Ephedring ☐ Retail/Mo	<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudocphedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other: APD call for service</li> </ul>	
This rep	ort is to be faxed to the following	agencies that serve the lo	cation:	
Fire Depa	utment: <u>Ale</u> xa <u>ndria</u>	Fax:		
Health Department: Madison Co		Fax: Fax:	Fax: Fax:	
Child Pro	tection Service;			
Investiga		Phone <u>765-516-0234</u>		
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department Histed within 24 hours of scene processing.				

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.